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AUTHOR Rothstein, Harvey J.
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ABSTRACT

In the counseling phase which is imbedded in the global vocational rehabilitation process, the primary challenge, in dealing with the disabled disadvantaged client, is viewed as being the disadvantagement rather than the disability per se. A multitude of factors and interacting clusters of variables that influence the counseling process with these persons are identified: (1) the negative, resistive attitude or, at least, the unenthusiatic and guarded orientation; (2) the usually alien and unfamiliar qualities (to the disadvantaged client) of agencies; (3) the social, cultural, educational and emotional gaps between the middle-class counselor, black or white, and his disadvantaged client; and (4) the foreign quality of a verbal, interpersonal model of transaction. Suggestions for improving counselor effectiveness with the disabled disadvantaged are offered: (1) minimizing the effects of unfamiliar settings and procedures; and (2) altering the counselor's basic orientation where style, content, goals, and evaluation are concerned. Qualities of counselors who would work most effectively with these clients are delineated. In conclusion, the author notes that the above efforts would have an ameliorative effect, but that only significant social, economic and political changes will truly alter the condition of the disabled disadvantaged. (TL)

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Problems & Issues in the Counseling of the Disabled Disadvantaged Patient

Harvey J. Rothstein, Ph.D.

F. D. Roosevelt V. A. Hospital

Montrose, N. Y.

The disabled disadvantaged, or perhaps more validly defined, "culturally different," have always existed as part of the population requiring the services of the rehabilitation or vocational counselor. It is, however, only during the past decade that the actual existance of this somewhat distinct group, have been identified and acknowledged in our professional journals, periodicals and in meetings and symposia.

In part, due to this rather recent active professional concern and involvement, the level of our understanding, knowledge and effectiveness in our rehabilitation and counseling functions and activities with the disabled disadvantaged client, are at a preliminary stage. We appear to be at that point at which we are generating many meaningful and pertinent questions, but few answers or modes of effective engagement have still not yet evolved. Those of us willing to survey the scene objectively and dispassionately are clearly aware of our appreciable limitations. In view of the multiplicity of variables, their complexity and interaction, the difficulties and impediments often encountered in the counseling process involving this client category are readily comprehensible.

In the counseling phase imbedded in the global vocational rehabilitation process with the disabled disadvantaged, it is my conviction that it is not the disability per se., and its direct or indirect effects, that imposes the primary or major challenge to the typical professional trained or experienced counselor.

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More frequently, and often of greater relevance, it is the client's disadvantaged, deprived or culturally different status and its effects, imposed limitations and distortions on the individuals global life adjustment, that impose the greater constraints that have to be dealt with and resolved. There are a multitude of factors and interacting clusters of variables that influence and exert and effect on the counseling process with the disabled disadvantaged client, tending to complicate and at times frustrate the counselor's endeavors. I would at least like to denote some that appear to me to be the most significant or salient.

In order for continuing and meaningful vocational-rehabilitation counseling to occur, a certain positive degree of rapport must develop between counselor and client. An ongoing relationship entailing, at least to some extent, mutual respect, trust, acceptance and openness must exist along with reciprocal modes of communication and common understanding. The counselor in his effort to involve and maintain the client in this fundamentally interpersonal process, is confronted with a host of variables frequently not only more intense in degree but different in kind from those encountered with the "normal" middleclass client or even one with a physical and/or emotional disability.

The disabled disadvantaged client in addition to the typical apprehension, ambivalence and distorted expectancies that usually exist in most clients, and which are further confounded by the effects of his disability, frequently possesses, if not a negative and resistive attitude and orientation, then one that is unenthusiastic, non-committal or guarded. This is predicated on his developmental background and previous experiences as a member of a culturally different or disadvantaged minority group in our society. His preconceived

anticipation of what to expect from the counseling process and the role and functions of the counselor, all too frequently is based on his negative encounters and experiences with guidance counselors and related personnel in his educational history and experiences. In many cases, unfortunately, their major role was that of disciplinarian, repressor and representative of administration. This often is a contributory factor in this distrustful negative, and resistive attitude.

Apprehension, insecurity and discomfort, reinforcement of feelings of inferiority and self-doubt, and/or feelings of contempt and hostility resulting from displacement, projection or reaction formation, are often engendered or intensified in the client, and may persist due in part to the actual physical enironment in which the counseling is conducted. The agency or center, all to frequently may be housed in a milieu conforming to acceptable middle-class standards, with the counselor more than likely functioning in an office-like setting with some of the symbols of affluence and appurtenances of middle-class respectability. In many aspects and connotatively it possesses alien and unfamiliar qualities, along with those accoutrements associated with and symbolizing the feared, hated or disinterested "establishment," thus further engendering and accentuating negative feelings and attitudes.

The establishment of adequate rapport and a meaningful, productive sustained relationship between the client and counselor often is where the counseling process is vitiated or flounders. In some instances after only one or two sessions, the client will disappear from the scene. In others, especially where the client is to a lesser or greater extent a non-voluntary participant, the interactions and counseling will often become a charade, game or meaningless encounter with little really achieved or accomplished.

A wide chasm exists in the typical counseling situation between the disabled disadvantaged client and the counselor over which a bridge of good rapport and a viable relationship has to be constructed. On one side of the abyss is usually the middle-class, university educated, frequently white counselor, at times still retaining residuals of the biases, prejudices, negative attitudes and feelings of his social-class background and upbringing on a conscious or unconscious level. In some counselors these may have been modified or partially resolved through extensive self-exploration, often resulting in over identification, excessive sympathy and solicitude with the disadvantaged client, or the development of feelings of guilt or conflict. They may exert a detrimental effect, either distorting or interfering with his effectiveness. Further confounding and intensifying the client-counselor divergency are the desparities in their socio-economic status, life-styles, value systems, linguistic facility and manner of communication, and inordinate differences in developmental and living experiences.

Often of greater if not equal impact, in widening the crevasse, is the distrust, suspicion, hostility, anger, alienation, apathy and/or despair and passivity of many clients toward the majority, culturally dominant, ethnically or racially different group, which is displaced onto the counselor perceived of as their representative and agent. While this is most likely to occur if the counselor is identified as belonging to the white, middle-class, membership of the counselor in the same minority racial, ethnic and sociocultural group as the client, frequently does not exempt him from similar client perceptions, feelings and attitudes. While the white middle-class counselor at the beginning of counseling may be perceived as the "enemy", the counselor

of similar minority group membership may be conceptualized and dealt with by the client as the enemies collaborator or henchman.

Counseling in its fundamental conceptions, goals and functions involves providing the counselee with assistance, help, advice, awareness, personal growth and/or self-realization. In this process the role of the counselor vis a vis the client is anticipated and percieved as a relationship between assister and assisted. This to many of the disabled disadvantaged, is an interpersonal model of a transactional relationship which is totally extraneous, foreign and devoid of referents to generalize from in their past history and development.

Further deterrants and b arriers often result from the client's inability to accomodate and profit from the traditionally, formalized, structured, dyadic, essentially verbally oriented counseling situation which may be alien, unparalled and unique in the context of his background and life-style. Adhering to a fixed appointment schedule, arriving on time for appointments, adjusting and being capable of sustaining oneself in sessions entailing constant time intervals, might be imposing expectancies and modes of behavior that require appreciable adoptive changes and relevant modifications in values and attitudes in the disabled disadvantaged client.

The manner and modes of expression, emphasis on colloquialisms and slang, limited facility and fluency in expression, along with the strong reluctance for self-disclosure and sharing one's true and innermost thoughts and feelings with others, often becomes another impediment or obstruction in the building of rapport and the creation of a productive counseling atmosphere.

Even after the counselor has been successful in establishing authentic rapport and a sustained viable relationship, a number of deterrent variables may intrude which can be qualitatively as well as quantitatively distinct from those encountered in working with the more "psychologically normal" middle-class client. The disabled disadvantaged adult counselee in many instances, is likely to manifest a meager or distorted knowledge of the world of work; a lack of vocational information and be misinformed or completely unfamiliar with educational and training requirements, program demands and career progressions. Such clients may often display an apparent lack of motivation, limited discernable capacity to engage in long-range planning, formulate objectives and goals that entail the postponement of immediate rewards and require the investment of time, energy and sustained effort without immediate gratification. It also is not uncommon to discern in this client category severe limitations in fundamental work habits and job skills, and minimal knowledge and experience pertaining to the requirements, demands and appropriate modes and patterns of behavior expected and necessary for successful vocational functioning and adjustment.

The foregoing factors and variables, while not a complete compilation, appear to me to be among those most salient in the counseling process as applied to this client category in differentiating it from counseling with the middle-class normal or even, to a lesser extent, disabled non-disadvantaged client. Aware of the magnitude and complexities of the issues involved, I would like to humbly offer some tentative recommendations, suggestions and modifications to current approaches and practices which may enhance counselor effectiveness and, to some degree, his level of success with the disabled disadvantaged.

The locale and setting in which the counseling is made available, warrants specific attention and serious consideration in programs concerned with the disabled disadvantaged. The surroundings, physical lay-out and even the furnishings and decor should be conducive towards promoting feelings of familiarity and serenity, and minimize, or at least not reinforce or engender, feelings of uneasiness, apprehension, worthlessness and impersonality. It also would seem to be essential that such an office or center be located so it is easily accessible and readily available to the prospective client. Unfortunately, many of the state and federal offices and agencies that provide the bulk of the counseling to the disabled disadvantaged group (V.A. Regional Offices, State Vocational Rehabilitation offices, etc.) are frequently located "downtown" or away from the deprived residential neighborhoods. The physical lay-out, decor, and accoutrements should be such as to attempt to convey a warm, relaxed, informal tone, yet not be completely devoid of a professional-like aura. Every effort should be made regarding administrative and clerical procedures and the handling of intake and appointments to minimize impersonality, regimentation and the detached, demeaning and dehumanizing aspects clients may have encountered in the public clinic, welfare office and/or government agency.

Efforts should be made and procedures developed so that counseling with the disabled disadvantaged client is initiated as rapidly as possible after he presents himself, and directly or tentatively expresses or manifests a need for educational vocational assistance, and/or counseling. Long delays and an appreciable time lapse before his first appointment should be avoided. The

completion of forms, procedural details and legalistic matters should be processed and handled concurrently with the clients initial involvement, and not be precursors that have to be satisfactorily executed and concluded before counseling is initiated. The ritualistic, fetishistic, doctrinaire-like qualities and emphasis counselors frequently impute to those aspects of the counseling process pertaining to, missed and broken appointments, lateness, regularity and frequency of sessions, etc., should be drastically modified or abrogated in counseling endeavor with this client category. It is my opinion that the degree of importance or cognizance the counselor relegates to thse attributes and aspects have to be highly individualized with emphasis on the client's disadvantaged status and background, and all this implies.

The counselor must often alter or modify his basic counseling orientation, approach and hierarchy of client behavior and responses to which he accords evaluative priority. The client's limited experiences, awareness of role expectancies in interpersonal transactions and interactions in a counselor-counselee like context, makes for appreciable differences and wide discrepancies in comparison to the typical middle-class client. They are often conspicuous, in part, by the level of communicative facility, verbal fluency, modes of expression, the utilization of abstraction, modifiers, qualifiers and precision in the expression of feelings and ideas displayed by the non-disadvantaged client. These are in contradistinction to the tendency to employ an economy of language, emphasis on the concrete, broad crude generalizations, simplicity and vapidity in comments and statements manifested by the disabled disadvantaged client.

The counselor must possess the capacity and flexibility to be willing and able to repudiate established conceptions, and feel comfortable in reorganizing

his style and manner of functioning. It is frequently necessary to accept and focus on short range relatively attainable goals, even at the expense sometimes of more holistic long range objectives or the development with the client of complete and detailed plans. Given the client's history of rejection, strong feelings of futility and hopelessness and the expectancies of being frustrated, discouraged or demeaned by majority, middle-class members with which the counselor is identified, it may be necessary to temporarily accept and support goals, choices and plans that are infeasible, predicated on phantasy, unrealistic and posses minimal possibilities of attainment. This might be essential in order to preserve or enhance the relationship and to maintain the client in extended counseling. In rehabilitation programs involving this client category, where frequently the level of motivation is attenuated and variable, the utilization of rewards of a tangible, substantive, preferably monetary nature, to compensate for these motivational deficiencies, should be integrated into the program with one of the contingencies being counseling involvement.

In view of the multiplicity of factors and variables and their complexity and intractibility, long-term counseling involvement in most cases is patently necessary. The production line, short-term counseling prototype, regretably, is all toofrequently the predominant model that is utilized in governmental, public and private agencies that provide the major portion of rehabilitation services to the disabled disadvantaged. While this type of approach may possess merit and be applicable with certain selected client groups, its appropriateness, sustained value and impact is rather questionable and dubious for the disadvantaged client, and most certainly one who is disabled as well.

A number of techniques, methods and approaches have been incorporated in on-going counseling programs or attempted on a pilot basis with the disabled and disadvantaged. Empirically, at least, they seem to me to possess potential value and applicability in augmenting counseling effectiveness in this area. I believe it is imperative that they at least be identified or noted, even though time limitation prevent a detailed description. Included among them are the use of group methods, involving a variety of adaptations and alterations. The use of non-professional or paraprofessional indigenous individuals as co-counselors or leaders, the development of groups that are actively or non-verbal in orientation, applying sensitivity or on occasion, encounter group methods, are also some of the other type of variations employed. Other techniques and methodologies that have been utilized are: role-playing, modeling, programmed counseling, and the appropriate modifications and restructuring of sheltered workshops, on-the-job training, and situational counseling approaches to maximize compatibility with the needs of this type of client.

Despite the fact that it is so apparent and obvious, that it may seem to possess a trite overworked quality, the principle factor or agent in the counseling and rehabilitation of the disabled disadvantaged is the counselor. His contribution to the counseling paradigm makes all the other relevant variables involved pale and minuscule by comparison. In addition to possessing all of the attributes, qualities and basic skills deemed and defined as being requisite in the competent counselor, I believe there are others of at least equal pertinence.

The counselor must be willing, able and comfortable in functioning as his true and genuine self in the counseling situation, and not have to adopt a facade, play a role or effect a front. Ideally he should be free of biases

and prejudices and possess attitudes and a value orientation that will not intrude negatively on his functioning or, in actuality, be aware of them and have come to grips and resolved them in a mature non-debilitating manner. His fundamental motivation for involving himself with the client should be intrinsically because he possesses the capabilities and responsibility as a professional, and the fundamental desire to provide help and assistance to another fellow human being. On the one hand, his counseling activities are likely doomed to failure if he perceives involvement with the client as a distainful or distasteful assignment his position requires. On the other, it should not be predicated primarily because the client is black, Puerto Rican, poor, disabled or all or none of these. His involvement should not be impelled because of feelings of guilt and needs for restitution, omnipotence, self-enhancement, reaction formation or other dynamic mechanisms and "hang-ups" of which he may be at least partially aware.

Being of the same ethnic, racial, socio-economic group of the client, a strong desire to provide acceptance and minimal training is not enough. In addition to possessing the required preparation, knowledge, skills and competencies usually expected in the vocational or rehabilitation counselor at the journeyman level, he must also have acquired the specialized knowledge, formal training and background necessary for involvement with the physically, medically and emotionally disabled, as well as that imperative for counseling with the disadvantaged.

In my conception one of the most relevant and vital variables in the counseling of the disabled disadvantaged is that the counselor possess an under-

standing of the client's sociopsychological background, and what is entailed in the experience of being a member of a minority disadvantaged group. It is incumbent upon the white, middle-class counselor to be conversant with the history, past and contemporary literature, sociology, current problems and modes of adopting to their predicament of the disadvantaged group of which his clients are members. Without knowledge and a real comprehension of the culture, perceptions, histories and concurrent background of the clients he is seeking to assist, the relevance, appropriateness and effectiveness of his endeavors appear somewhat dubious.

In the broader perspective it seems apparent that while the psychologists' and counselors' counseling and rehabilitation endeavors with the disabled and disadvantaged group will result in some limited amerliorative effects; only through drastic modifications and significant changes in society will those social, economic, political and psychological factors be severely altered or obliterated that have resulted in and perpetuated the deprived, demeaned, exploited, impoverished and second-class status of individuals in this group.